

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 27 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobb	yist(s) Richard Sigel			DEPARIMENT
II. Name of lobb	yist's partnership, firm o	r corporation, if an	y:	
McLane Middl	leton Government &	Public Strate	gies, LLC	
	(Name of partnership, firm or	corporation)		
900 Elm Stre	et, P.O. Box 326	Manchest	er NH	03105-0326
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 628-148	(60	3) 625-5650	e-mail rich	hard.sigel@mclanegps.com
(Telepho	ne)	(Fax)	· · · · · · · · · · · · · · · · · · ·	
reportable expen	nt covers: (Choose one – se transactions which are transactions occurring in t	e not attributable to	any one client).	ou may file a separate report for to the following client:
NH Hospital		s it appears on the Lob	byist Registration Form)	
<u>OR</u>				
☐ All reportable tunrelated to any parts		t (including the lobb	yist's family), or the lob	bying firm listed below which are
IV. Date of Repo	rt April 26, 2017		July 26, 2017	X
Reports cover:	activity from date of registrat	ion to 3/31/17	activity from 4/1/17 to 6/	
	October 25, 2017 activity from 7/1/17 to 9.		January 31, 2013 activity from 10/1/17 to	
				nce the last report. \Box fice, State House, Room 204,
VI. Check if addi	tional reports are attache	·d·		
	ceived fees or made expen		e Addendum A– Fees a	and Expenses
-	id an honorarium or reimb			Report of Honorariums or
图 If you, your fi	rm, or your family has mad	de political contribut	ions, you must file Add	endum C- Political Contributions
I have read RSA I	/Affirmation by Lobbyist 5, RSA 15-B, RSA 14-C a e best of my knowledge ar	nd RSA 664 and her	eby swear or affirm that 7/26/2017	t the foregoing information is true
(Signature of lobb	yist)			(Date)
Richard Sige	1			
(Print Name of lot				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1						
I. Name of Lobbyist(s) Richard Sigel						
II. Name of lobbyist's partnership, firm or corporation, if any:						
McLane Middleton Government & Public Strategies, LLC (Name of partnership, firm or corporation)						
III. Name of Client NH Hospital Association	Date					
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services					
a) Total of all fees received in this reporting period	a) \$					
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 25,000.00 ear)					
c) Total of all fees received to date (Add lines a and b)	c) \$					
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$					
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political					
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$					
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$					
c) Total of all itemized expenditures reported in detail in section VI.	c) \$					

d) Total expenses for this reporting period	d) \$ 25,000.00
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 25,000.00
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Zuh)	7/26/2017
(Signature of lobbyist)	(Date)
Richard Sigel (Print Name of lobbyist)	